BAYSTATE NOBLE HOSPITAL

2015 Hospital Profile

Westfield, MA Community, High Public Payer Western Massachusetts

Baystate Noble Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. It became affiliated with Baystate Health in 2015. Between FY11 and FY15, inpatient discharges at the hospital decreased 12.4%, more than the median of its peer cohort which decreased 9.5%. FY15 was the fourth consecutive fiscal year that Baystate Noble Hospital was profitable, and it had a total margin of 1.3%, lower than the 5.4% median for its peer cohort.

Overview / Size Hospital System Affiliation: Change in Ownership (FY11-FY15):

Baystate Health System Baystate Health - 2015

97, among the smaller acute hospitals Total Staffed Beds: % Occupancy: 48.5%, < cohort avg. (65%) CHART^Λ, ICB^θ Special Public Funding:

Trauma Center Designation: Not Applicable Case Mix Index: 0.95, > cohort avg. (0.87); < statewide (1.00)

Financial

Inpatient NPSR per CMAD:	\$9,368
Change FY14-FY15:	5.8%
Inpatient:Outpatient Revenue in FY15:	33%:67%
Outpatient Revenue in FY15:	\$30,731,686
Change FY14-FY15:	-4.5%
Total Revenue in FY15:	\$58,931,878
Total Surplus (Loss) in FY15:	\$781,959

Payer Mix

Public Payer Mix: 68.3% (HPP* Hospital) CY15 Commercial Relative Price: 0.68 Blue Cross Blue Shield of MA Top 3 Commercial Payers: Health New England

Cigna - East

Utilization

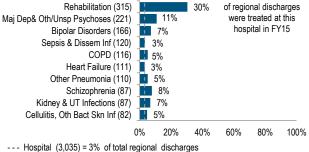
Inpatient Discharges in FY15:	3,035
Change FY14-FY15:	-7.0%
Emergency Department Visits in FY15:	28,367
Change FY14-FY15:	9.8%
Outpatient Visits in FY15:	41,017
Change FY14-FY15:	0.0%

Quality

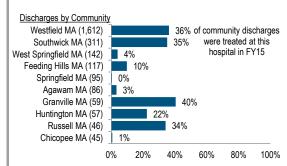
Quanty	
Readmission Rate in FY15:	13.4%
Change FY11-FY15 (percentage points):	0.0%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

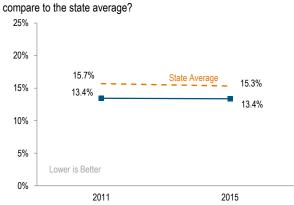
Discharges by DRG



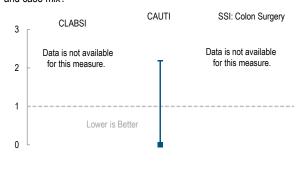
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI). catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



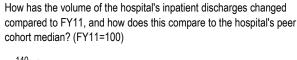
For descriptions of the metrics, please see the technical appendix

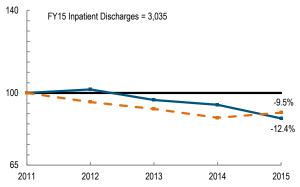
2015 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

Cohort: Community, High Public Payer

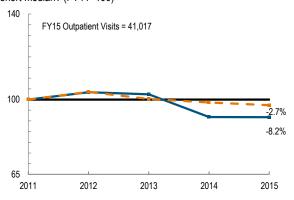
Key:

Hospital
Peer Cohort

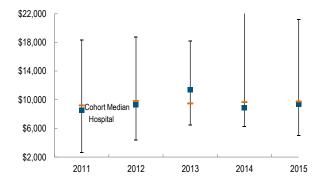




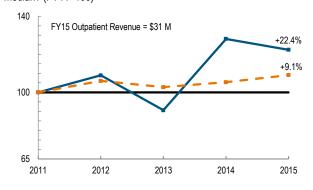
How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



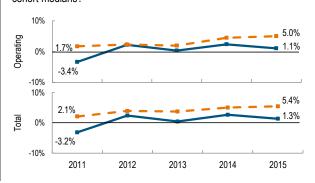
How have the hospital's total revenue and costs changed between FY11 and FY15?

Revenue, Cost, & Profit/Loss (in millions)

Patient Revenue Trends

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 53	\$ 58	\$ 55	\$ 57	\$ 59
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 53	\$ 59	\$ 55	\$ 57	\$ 59
Total Costs	\$ 55	\$ 57	\$ 55	\$ 56	\$ 58
Total Profit (Loss)	\$ (1.7)	\$ 1.4	\$ 0.2	\$ 1.5	\$ 8.0

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.



⁶ For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

^{*} High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

[^] For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).